

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:58

Crosswalk Report

Status : IN Substance Abuse and Mental Health Services Administration
Media ID : CSB Office of Applied Studie
Start Date : 01-JAN-90
End Date :
Follow-up :

Virginia's Treatment Episode Data Set
Version : 1

K = Key Field		System		<u>Virginia</u>
Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
1	System Transaction Type	-	Transaction Type Added to Each Record	
K 2	State Code	VA	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

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Virginia's Treatment Episode Data Set
Version : 1

K = Key Field Item		Minimum	<i>Virginia</i>	
No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	02	Provider Identifier	
K 2	Client Identifier (Admission)	01	Unique Client Identifier	
K 3	Co-Dependent/Collateral	03	Co-dependent/Collateral	
	1 Yes		-	Y
	2 No		-	N
K 4	Client Transaction Type	-	-	
	A Initial Admission		-	Intial Admission
	T Transfer/Change in Service		-	Transfer/Change in Service
K 5	Date of Admission	05	Date of Most Recent Admission	
6	Number of Prior Treatment Episodes	23	Number of Prior Treatment Episodes in Any A&D Treatment Program	
	0 0		0	0
	1 1		1	1
	2 2		2	2
	3 3		3	3
	4 4		4	4
	5 Or More		5	5 or More

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K = Key Field

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State System Data

7	Principal Source of Referral	06	Primary Referral Source
01	Individual (includes self-referral))	A	Self
01	Individual (includes self-referral))	B	Family or Friend
02	Alcohol/Drug Abuse Provider	C	Alcohol/Drug Care Provider
03	Other Health Care Provider	D	MH Care Provider
03	Other Health Care Provider	E	Other Health Care Provider
03	Other Health Care Provider	F	MR Care Provider
04	School (Educational)	G	School System/Education Agency
05	Employer/EAP	H	Employer/EAP
07	Court/Criminal Justice/DUI/DWI	I	Alcohol Safety Action Program (ASAP)/DUI
07	Court/Criminal Justice/DUI/DWI	J	Police/Sheriff
07	Court/Criminal Justice/DUI/DWI	K	Local Correctional Facility
07	Court/Criminal Justice/DUI/DWI	L	State Correctional Facility
07	Court/Criminal Justice/DUI/DWI	M	Community Diversion Incentive (CDI) Program
07	Court/Criminal Justice/DUI/DWI	N	Probation/Diversion
07	Court/Criminal Justice/DUI/DWI	O	Parole
06	Other Community Referral	P	Other Community Referral
No longer effective as of: 12-31-1990			

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K = Key Field

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

7	Principal Source of Referral	06	Primary Referral Source
01	Individual (includes self-referral))	A	Self
01	Individual (includes self-referral))	B	Family or Friend
02	Alcohol/Drug Abuse Provider	C	Alcohol/Drug Care Provider
03	Other Health Care Provider	D	MH Care Provider
03	Other Health Care Provider	E	Other Health Care Provider
03	Other Health Care Provider	F	MR Care Provider
04	School (Educational)	G	School System/Education Agency
05	Employer/EAP	H	Employer/EAP
07	Court/Criminal Justice/DUI/DWI	I	Alcohol Safety Action Program (ASAP)/DUI
07	Court/Criminal Justice/DUI/DWI	J	Police/Sheriff
07	Court/Criminal Justice/DUI/DWI	K	Local Correctional Facility
07	Court/Criminal Justice/DUI/DWI	L	State Correctional Facility
07	Court/Criminal Justice/DUI/DWI	M	Community Diversion Incentive (CDI) Program
07	Court/Criminal Justice/DUI/DWI	N	Probation/Diversion
07	Court/Criminal Justice/DUI/DWI	O	Parole
06	Other Community Referral	P	Other Community Referral
07	Court/Criminal Justice/DUI/DWI	Q	Federal Penitentiary

8	Date of Birth	07	Date of Birth
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9	Sex	10	Sex
2	Female	A	Female
1	Male	B	Male

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K = Key Field

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
10	Race	08	Race	
01	Alaska Native (Aleut, Eskimo, Indian)	A	Alaskan Native (Aleut, Eskimo, Indian)	
02	American Indian (Other than Alaskan Native)	B	American Indian	
03	Asian or Pacific Islander	C	Asian or Pacific Islander	
04	Black or African American	D	Black/African American	
05	White	E	White/Caucasian	
20	Other	F	Other	
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
11	Ethnicity	09	Hispanic Origin	
01	Puerto Rican	A	Puerto Rican	
02	Mexican	B	Mexican	
03	Cuban	C	Cuban	
04	Other Specific Hispanic	D	Other Hispanic	
05	Not of Hispanic Origin	E	Not of Hispanic Origin	
12	Education	11	Educational Level	
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	-	-	
00	Less Than One Grade Completed	-	-	
97	Unknown	97	Special Education	

Virginia's Treatment Episode Data Set
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Item

Item

No. Treatment Episode Data Set

Value

State System Data

13 Employment Status**12A****Employment**

01	Full Time	1	Employed Full Time
02	Part Time	2	Employed Part Time
03	Unemployed	3	Unemployed, Temporarily Laid Off
03	Unemployed	4	Unemployed with No Anticipation of Rehire
04	Not in Labor Force	5	Not in Labor Force

14 Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)**32-34A****Type of Drug, Primary, Secondary, Tertiary**

01	None	1	None
10	Methamphetamine	10	Methamphetamines
11	Other Amphetamines	11	Other Amphetamines
12	Other Stimulants	12	Other Stimulants
13	Benzodiazepine	13	Benzodiazepines
14	Other Tranquilizers	14	Other Tranquilizers
15	Barbiturates	15	Barbiturates
16	Other Sedatives or Hypnotics	16	Other Sedatives/Hypnotics
17	Inhalants	17	Inhalants
18	Over-the-Counter	18	Over the Counter
02	Alcohol	2	Alcohol
03	Cocaine, Crack	3	Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	4	Marijuana/Hashish
05	Heroin	5	Heroin
06	Non-Prescription Methadone	6	Non-Prescription Methadone
07	Other Opiates and Synthetics	7	Other Opiates/Synthetics
08	PCP	8	PCP - Phencyclidine
09	Other Hallucinogens	9	Other Hallucinogens

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	32-34C	Method of Use
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection (IV or intramuscular)
20	Other	5	Other

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	32-34B	Frequency of Use
01	No past month use	1	No past month use
02	1-3 times in past month	2	1-3 times in past month
03	1-2 times per week	3	1-2 times per week
04	3-6 times per week	4	3-6 times per week
05	Daily	5	Daily
97	Unknown	6	Unknown

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	32-34D	Age First Use
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K = Key Field		Minimum	<u>Virginia</u>	
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
K 18	Type of Services	37	Services Received	
01	Hospital Inpatient (Detox, 24 hour Service)	2A	213-SA Inpatient Medical/Surgical	
03	Hospital (other than detox)	2A	213-SA Inpatient Medical Surgical	
03	Hospital (other than detox)	2E	253-SA Inpatient Acute/Int	
01	Hospital Inpatient (Detox, 24 hour Service)	2F	Community-based SA Detox.	
07	Non-Intensive Outpatient	3A	313-SA Outpatient	
08	Ambulatory Detoxification	3B	333-SA Methadone Detox.	
07	Non-Intensive Outpatient	3C	343-SA Meth. Maintenance	
07	Non-Intensive Outpatient	3D	323-SA Case Management	
06	Intensive Outpatient	4A	413-SA Day Treatment/Partial Hospital	
07	Non-Intensive Outpatient	4C	423-SA Psychosocial Rehabilitation	
07	Non-Intensive Outpatient	4D	433-SA Sheltered Employment	
07	Non-Intensive Outpatient	4F	Supported Group Employment	
07	Non-Intensive Outpatient	4G	Transitional/Supported Employment	
07	Non-Intensive Outpatient	4H	453-SA Education/Recreation	
07	Non-Intensive Outpatient	4I	463-SA Alternative Day Support	
02	Free-standing Residential (Detox, 24 hour Service)	5A	513-SA Medial/Social Detoxification	
04	Short-term, (30 days or fewer)	5B	523-SA Primary Care	
05	Long-term, (more than 30 days)	5C	533-SA Residential/Rehabilitation	
05	Long-term, (more than 30 days)	5D	543-SA Halfway House	
05	Long-term, (more than 30 days)	5E	553-SA Supervised Apartment	
05	Long-term, (more than 30 days)	5F	563-SA Domiciliary Care	
04	Short-term, (30 days or fewer)	5G	573-SA Emergency Shelter	
05	Long-term, (more than 30 days)	5H	583-SA Sponsored Placement	
05	Long-term, (more than 30 days)	5J	593-SA Supported Living Arrangement	
19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	-	-	
1	Yes	-	-	
2	No	-	All other codes	

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Optional

Virginia

Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
	9998 Not Collected		9998 9998	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	26	Diagnosis	
	###. DSM III-R Category ##		###.# ###.## #	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	35	Primary Disability Identification	
	2 No		A MH	
	2 No		B MR	
	2 No		C SA	
	2 No		D MH & MR	
	1 Yes		E MH & SA	
	2 No		F MR & SA	
	1 Yes		G MH & MR & SA	
6	Pregnant at Time of Admission	99	Pregnant during admission	
	2 No		A No	
	1 Yes		B Yes	
	7 Unknown		Z Unknown	
	8 Not Collected			

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
7	Veteran Status	18	Veteran Status	
1	Yes	-	Yes	
2	No	-	No	
8	Living Arrangements	16	Type of Residence	
03	Independent Living	A	Private Residence/Household	
01	Homeless	B	Shelter	
02	Dependent Living	C	Boarding Home	
02	Dependent Living	D	Foster Home	
02	Dependent Living	E	Licensed Home for Adults (Non-CSB)	
02	Dependent Living	F	CSB Residential Service	
02	Dependent Living	G	Other Residential Setting	
02	Dependent Living	H	Nursing Home	
02	Dependent Living	I	Hospital	
02	Dependent Living	J	Local Jail or Correctional Facility	
02	Dependent Living	K	State Correctional Facility	
02	Dependent Living	L	Other Institutional Setting	
01	Homeless	M	None (Homeless)	
9	Source of Income/Support	13	Income	
01	Wages/Salary	1	Wages/Salary	
02	Public Assistance	2	Public Assistance	
03	Retirement/Pension	3	Retirement/Pension	
04	Disability	4	Disability	
20	Other	5	Other	
21	None	6	None	
10	Health Insurance	-	Not Collected	
98	Not Collected	98	98	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	14	Payment Source	
01	Self-Pay	A	Direct Client	
02	Blue Cross/Blue Shield	B	Blue Cross/Blue Shield	
07	Other Health Insurance Companies	C	Other Private Insurance	
03	Medicare	D	Medicare (Title XVIII)	
04	Medicaid	E	Medicaid (Title XIX)	
09	Other	F	SSBG (Social Services Block Grant)	
09	Other	G	ASAP (Alcohol Safety Action Program)	
09	Other	H	SARPOS (Substance Abuse Residential Purchase of Services)	
09	Other	I	DRS (Department of Rehabilitative Services)	
09	Other	J	CHAMPUS	
09	Other	K	School System	
09	Other	L	Courts	
09	Other	M	Other public sources	
12	Detailed Not in Labor Force	12A	Employment	
01	Homemaker	1	Homemaker	
02	Student	2	Student	
03	Retired	3	Retired	
04	Disabled	4	Disabled	
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	5	Resident/Inmate of Institution	
06	Other	6	Other	
13	Detailed Criminal Justice Referral Categories	-	Not Collected	
98	Not Collected	98	98	

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K = Key Field
Item

Optional

Virginia

No.	Treatment Episode Data Set	Item	Value	State System Data
14	Marital Status	17	Marital Status	
01	Never Married	A	Never Married	
02	Now Married or Cohabiting	B	Now Married	
03	Separated (legally or otherwise absent)	C	Separated	
04	Divorced	D	Divorced	
05	Widowed	E	Widowed	
15	Days Waiting to Enter Treatment	-	Not Collected	
998	Not Collected	998	998	

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Virginia's Treatment Episode Data Set
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K = Key Field			Discharge		Virginia	
Item			Item			
No.	Treatment Episode Data Set			Value	State System Data	
104	Provider ID (At Discharge)		~	Provider Id at Discharge		
105	Client Identifier - (At Discharge)		~	Client Id at Discharge		
106	Co-Dependent/Collateral At Discharge		~	Co-dependent/Colateral		
	1	Yes		-	Yes	
	2	No		-	No	

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Version : 1

K = Key Field

Discharge

Virginia

Item

Item

No. Treatment Episode Data Set

Value

State System Data

109 Service at Discharge

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Service at Discharge

01	Hospital Inpatient	2A	213-SA Inpatient Medical/Surgical
03	Hospital (Other than Detox)	2A	213-SA Inpatient Medical/Surgical
03	Hospital (Other than Detox)	2E	253-SA Inpatient Acute/Int
01	Hospital Inpatient	2F	Community Based SA Detox
07	Outpatient	3A	313-SA Outpatient
08	Detoxification	3B	333-SA Methadone Detox
07	Outpatient	3C	343-SA Meth Maintenance
07	Outpatient	3D	323-SA Case Management
06	Intensive Outpatient	4A	413-SA Day Treatment/Paternal Hospital
07	Outpatient	4C	423-SA Psychosocial Rehabilitation
07	Outpatient	4D	433-SA Sheltered Employment
07	Outpatient	4F	Supported Group Employment
07	Outpatient	4G	Transitional/Supported Employment
07	Outpatient	4H	453-SA Education/Recreation
07	Outpatient	4I	463-SA Alternative Day Support
02	Free-Standing Residential	5A	513-SA Medical/Social Detoxification
04	Short-Term, <=30 days	5B	523-SA Primary Care
05	Long-Term, >30 days	5C	533-SA Residential Rehabilitation
05	Long-Term, >30 days	5D	543-SA Halfway House
05	Long-Term, >30 days	5E	553-SA Supervised Apartment
05	Long-Term, >30 days	5F	563-SA Domiciliary Care
04	Short-Term, <=30 days	5G	573-SA Emergency Shelter
05	Long-Term, >30 days	5H	583-SA Sponsored Placement
05	Long-Term, >30 days	5J	593-SA Supported Living Arrangement

146 Date of Last Contact

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Date of Last Client Contact**147 Date of Discharge**

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Date of Client Discontinuation/Discharge

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Version : 1

K = Key Field
Item

Discharge
Item

Virginia

No. Treatment Episode Data Set Value State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Reason for Discharge
01	Treatment Complete	01	Complete Assesment/Eval Admission only
01	Treatment Complete	02	Complete: Treatment Complete
03	Terminated by Facility	03	Incomplete: Administratively Discontinued
06	Death	04	Incomplete: Client Died
03	Terminated by Facility	05	Incomplete: Terminated due to Non-compliance
02	Left Against Professional Advice (Drop Out)	06	Incomplete: Client Terminated Against Advice
07	Other	07	Incomplete: Other

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report